



PATENT
Dkt. No. 129659

UNITED STATES OFFICE OF PATENTS AND TRADEMARKS

Applicant: David Clarence Howard, et al.

Serial No.: 10/755,771

Filed: January 12, 2004

For: METHODS AND APPARATUS FOR
INSTALLING PROCESS INSTRUMENT
PROBES

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Group Art Unit: 2859

Examiner: Stanley J. Pruchnic

RESPONSE TO RESTRICTION REQUIREMENT

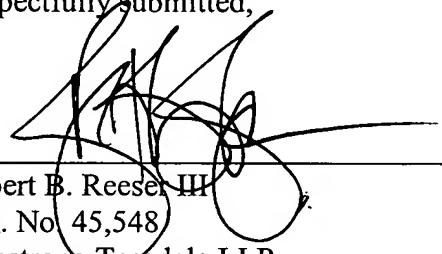
Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Office Action mailed March 28, 2005, has been carefully reviewed and the following amendment has been made in consequence thereof. In response to the election requirement set forth in the Office Action, Applicants elect for prosecution in this application all claims of Group I as identified in the Office Action. Claims 1-19 are in the elected claim group.

The restriction requirement is traversed because the inventions set out by the claims in Groups I and II clearly are related. It is believed that a thorough search and examination of either claim group would be relevant to the examination of the other group. In addition, requirements for restriction are not mandatory under 35 U.S.C. Accordingly, reconsideration of the restriction requirement is requested.

Respectfully submitted,



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4-134-5

IFW

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Attorney Docket No.: 129659

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TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages); Response to Restriction Requirement (2 pages); Postcard

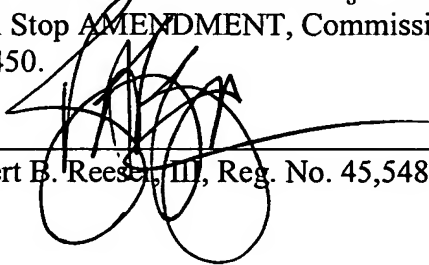
STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS**

Express Mail No. EV593390313US
Date: April 13, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Robert B. Reese, III, Reg. No. 45,548

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid
therefor \$_____ is deducted from the total fee due for the total months
of extension now requested.

Extension fee due with this request \$_____

OR

- (b) X Applicant believes that no extension of term is required. However, this
conditional petition is being made to provide for the possibility that
applicant has inadvertently overlooked the need for a petition for extension
of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

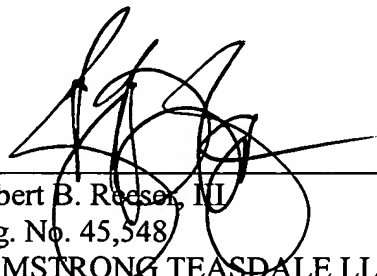
5. Attached is a check in the sum of \$ _____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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